

Parental Consent and Photo Release

32nd Congressional District of Texas' STEM Scholars Program

Parental Consent Authorization:

I hereby authorize my daughter/son, _____, to participate in the 32nd Congressional District of Texas' STEM Scholars Program. I understand that services are offered on a voluntary basis. I agree to assume all risks for injuries resulting from my daughter/son's participation in volunteer activities.

Parent Guardian Name: _____ **Date:** _____

Parent/Guardian Signature: _____

Photo Release Authorization:

Congressman Colin Allred and staff associated with the Allred Office have my permission to use and publish my, or my child's photograph in the media or other official communications platforms, such as the Allred Office website, newsletter, press releases, social media, etc., including the World Wide Web, to promote the 32nd Congressional District of Texas' STEM Scholars Program. I understand that I will receive no compensation for any photos taken.

Student's Name: _____

Parent Guardian Name: _____ **Date:** _____

Parent/Guardian Signature: _____